

1. Agenda

Documents: [PSHS_20151208_AG.PDF](#)

2. Complete Packet

Documents: [PSHS_20151208_PK.PDF](#)



Administrative
Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

**AGENDA
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, DECEMBER 8, 2015
7:00 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **7:00 P.M.** on **December 8, 2015** in the Conference Room at the Fitchburg City Hall, 5520 Lacy Rd., Fitchburg, WI for the purpose of:

(Note: Full coverage of this meeting is available through FACTv and Streaming Video, accessible on the city web site at <http://factv.fitchburgwi.gov/Cablecast/Public/Main.aspx?ChannelID=3>)

1. **Call to Order**
2. **Approval of Minutes – November 24, 2015**
3. **Public Appearances – Non-Agenda Items**
4. **Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are new applications.**

CLASS “A”/“CLASS A” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR
Monumental Enterprises, Inc., 5276 Williamsburg Way – DBA Verona Road Beer & Beverage Co. – Patrick Machovec, Agent
5. **Consideration of the Following Applications for Cigarette License:**
 - a. Verona Road Beer and Beverage Co.
6. **Consideration of Change of Agent for Aldi Inc. – DBA Aldi #04 – Andrew Stoltenberg**
7. **Consideration for Secondhand Jewelry Dealer License Application**
Ali Omar Ismail, dba Money Flash, 3048 Fish Hatchery Road, Fitchburg
8. **Operator Licenses needing special attention where applicant must be present: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal) Stacey Listol – N; Alan Puskarich – N (Tabled from November 24, 2015 Meeting)**
9. **Staff Report- Operator license update**
10. **Announcements**
 - a. Next meeting date is January 12, 2016
11. **Adjournment**

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.



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**DRAFT MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, NOVEMBER 24, 2015
7:00 P.M.
FITCHBURG CITY HALL**

PRESENT: Chairperson Carol Poole, Alders Tony Hartmann and Jason Gonzalez. Others present: Patti Anderson, City Clerk.

1. **Call to Order-** Chairperson Poole called the meeting to order at 7:00 p.m.
2. **Approval of Minutes** – Motion by Gonzalez to approve the October 27, 2015 minutes. Motion carried.
3. **Public Appearances – Non-Agenda Items - None**
4. **Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are new applications**

CLASS “B” FERMENTED MALT BEVERAGE

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

“CLASS A” CIDER LICENSE

Speedway, LLC, 2810 Fish Hatchery Road – DBA Speedway #4170 – Kevin N Scheckel, Agent

Pak Ho So registered and was available to answer questions as needed.

Motion by Gonzalez to **approve** new alcohol licenses as listed, contingent upon payment of all fees owed to the city.
Motion carried.

5. Motion by Hartmann to **approve all Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)**
Margaret Groves, Sarah Lange, Steven Leverentz – Get Festive with Agora
Motion carried.

6. Motion by Gonzalez to **approve the Following Application for Temporary Class “B”/”Class B” Retailers License “Picnic License” (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg) – For Sale of Fermented Malt Beverages and Wine**

Fitchburg Lions Club, 2523 Targhee Street, Fitchburg, WI for Get Festive with Agora event on Thursday, December 3, 2015 at the Agora, 5500 East Cheryl Parkway, Fitchburg, WI from 4:00 p.m. to 8:00 p.m.

Steve Leverentz registered and answered questions regarding the Get Festive with Agora event.
Motion carried.

7. Motion by Gonzalez to **approve** operator license needing special attention (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal) Joshua Loret – N

Joshua Loret registered and answered questions regarding the issuance of his operator license.

Motion carried.

Motion by Hartmann to **table** the operator license needing special attention to the December 8, 2015 meeting - Alan Puskarich – N

Motion carried.

8. **Staff Report- Operator license update**
Anderson reported that 10 new licenses were approved.

9. **Announcements**
a. Next meeting date is December 8, 2015

10. Motion by Gonzalez to **adjourn**. Motion carried
Time 7:23 p.m.

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.

**CITY OF FITCHBURG
LIQUOR LICENSE APPLICATIONS
December 8, 2015
7:00 P.M.**

NOTICE IS HEREBY GIVEN that the following applications have been filed in the Office of the City Clerk of Fitchburg for the sale of beer and/or liquor in said City for such premises as indicated. The applications will be considered by the Public Safety and Human Services Committee at 7:00 p.m. on Tuesday, December 8, 2015 at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI. The Common Council will take action on these applications the same night at 7:30 p.m.

CLASS "A"/"CLASS A" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Monumental Enterprises, Inc., 5276 Williamsburg Way – DBA Verona Road Beer & Beverage Co. – Patrick Machovec, Agent

Patti Anderson
City Clerk

Publish: November 30, December 1 & 2, 2015

Memorandum

To: Public Safety & Human Services Committee
From: Thomas Blatter, Chief of Police *TB*
Date: 11/15/2015
Re: Alcohol Beverage License Applications

I have reviewed the Alcohol Beverage License Applications submitted by the following and find no reason why these licenses should not be granted.

<u>Business</u>	<u>Location</u>	<u>Agent</u>
Verona Road Beer and Beverage	5276 Williamsburg Way	Patrick Machovec
Aldi	6261 McKee Road	Andrew Stoltenberg

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning December 20 15 ending June 30 20 16

TO THE GOVERNING BODY of the: Town of Village of City of Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Patrick Allen Machovec Monumental Enterprises, Inc.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

President/Member	<u>President</u>	<u>Patrick Machovec</u>	<u>26 Quail Ridge</u>	<u>53717</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>Patrick Machovec</u>			
Directors/Managers				

3. Trade Name Verona Rd. Beer & Beverage Co. Business Phone Number N/A (608) 345-5788

4. Address of Premises 5276 Williamsburg Way Post Office & Zip Code 53719

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WIS and date 1995 of registration. Yes No
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? See attached Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5,000 sq. FT Retail space including office + 5,000 sq. FT Basement space - 13 Beer cooler + 1 wine cellar

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Liquor Town

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 11 day of November 20 15

Ruth M. Beer
(Clerk/Notary Public)

7/15/2019

My commission expires _____

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11/11/15</u>	Date reported to council/board <u>12-8-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

REC # 1-10551
11-12-15 - Y.A.

11/15
11-12-15

#8

Party Port Liquor
2901 University Ave.
Madison, WI 53705
(608)233-2328

McFarland Liquor
4716 Farwell St.
McFarland, WI 53589
(608)838-3157

Village Liquor
214 W. Cottage Grove Rd.
Cottage Grove, WI 53527
(608)839-0222

#9 - Premise
Description

- **5000 Sq. Ft. Retail Space, including office**
 - **5000 Sq. Ft. of Basement Space**
 - **13 Beer Cooler Doors**
 - **3 Bathrooms**
 - **Wine Cellar**

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Machovec		(first name) Patrick	(middle name) Allen	
Home Address (street/route) 26 Quail Ridge		Post Office	City Madison	State WI
Home Phone Number 608-836-6828		Age 62	Date of Birth _____	Zip Code 53717
			Place of Birth Hillsboro, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Patrick Machovec** of **Monumental Enterprises Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

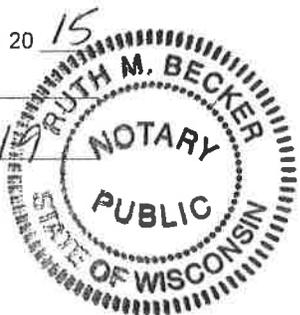
- How long have you continuously resided in Wisconsin prior to this date? **62 yrs.**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. **See Attached**
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name N/A	Employer's Address Self Employed	Employed From	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this **11** day of **November**, 20**15**
Ruth M Becker
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires **7/28/2019**

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Fitchburg County of Dane

The undersigned duly authorized officer(s)/members/managers of Monumental Enterprises Inc.
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Verona Rd. Beer and Beverage Co. (trade name) (Formerly Liguor Town)

located at 5276 Williamsburg Way Fitchburg, WI 53719

appoints Patrick Machovec
(name of appointed agent)

26 Quail Ridge Madison, WI 53717
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
See Attached

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 62 yrs.

Place of residence last year 26 Quail Ridge Madison, WI 53717

For: Monumental Enterprises Inc.
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Patrick Machovec
(print/type agent's name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

P.M. 11-11-15 Agent's age 62
(signature of agent) (date)
26 Quail Ridge Madison, WI 53717 Date of birth _____
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

DA 15-18184

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 11-17-15 by Thom Blitty Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

AGENT AUTHORIZATION LETTER

Date: 11-11-15

I, Patrick Machovec, officer for

Monumental Enterprises, Inc., Verona Rd. Beer and Beverage Co.
(Corporation or LLC Name) (D/B/A)

authorize and appoint Patrick Machovec as liquor/beer agent for
(Agent Name)

the premise located at 5276 Williamsburg Way Fitchburg, WI 53717
(Address of Licensed Premise)

[Signature]
Officer of Corporation or LLC

Subscribed and sworn to before me this 11 day of November 2015.

Ruth M Becker
Notary Public
State of WI, County of Dane
My Commission Expires: 7/28/2019



APPOINTMENT OF LIQUOR/BEER AGENT

Date: 11-11-15

State of Wisconsin

County of Dane

I, Patrick Machovec, appointed liquor/beer agent, for Monumental Enterprises Inc., being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: 100%

f. ml

Signature of Agent

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Patrick A. Machovec
Name

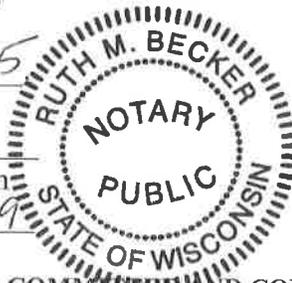
26 Quail Ridge
Mailing Address

Madison WI 53717
City State Zip

Subscribed and sworn to before me this

11 day of November 2015

Ruth M Becker
Notary Public, Dane County, Wisconsin
My commission expires: 7/28/2019



PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 24, 2015

Patrick Machovec
Monumental Enterprises Inc.
26 Quail Ridge
Madison, WI 53717

Dear Patrick,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, December 8, 2015 at 7:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization, to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your license application. Please arrive no later than 7:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth'.

Ruth M. Becker
City Clerk's Office
City of Fitchburg

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000477267-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Monumental Enterprises Inc.</u>			Federal Employer Identification No. (FEIN) ██████████	
Trade or Business Name (if different than Legal Name) <u>Verona Rd. Beer & Beverage Co.</u>			Telephone Number <u>(608) 345-5788</u>	
Business Address (Permit Location) <u>5276 Williamsburg Way</u>			Business Telephone ()	
City <u>Fitchburg</u>	State <u>WI</u>	ZIP Code <u>53719</u>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
Mailing Address (if different than Business Address)			of: <u>Fitchburg</u>	
			City	County <u>Dane</u>
			State	ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1995?
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

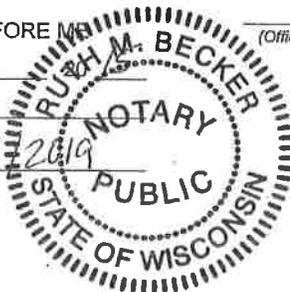
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME [Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 11 day of November
Ruth M Becker
 (Clerk / Notary Public)

My commission expires 7/28/2019



SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Fitchburg County of Dane

The undersigned duly authorized officer(s)/members/managers of Aldi Inc. (Wisconsin)
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 6261 McKee Road Fitchburg, WI 53719
(trade name) Aldi #04

appoints Andrew Stoltenberg
(name of appointed agent)
616 Greig Trail, Stoughton, WI 53589
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 27

Place of residence last year Stoughton, WI

For: Aldi Inc. (Wisconsin)
(name of corporation/organization/limited liability company)
By: Chambers Youngs
(signature of Officer/Member/Manager)
And: Nancy E. [Signature]
(signature of Officer/Member/Manager)

Andrew Stoltenberg ACCEPTANCE BY AGENT
(print/type agent's name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 10/16/15
(signature of agent) (date)
616 Greig Trail, Stoughton, WI 53589
(home address of agent)
Agent's age 27
Date of birth [Redacted]

15-1832 DA APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) Rec # 1-10520 T.O.
11-10-15

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 11-17-15 by Thom Blatter Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Stoltenberg (first name) Andrew (middle name) James	
Home Address (street/route) 616 Greig Trail	Post Office — City Stoughton State WI Zip Code 53589
Home Phone Number (608) 577-7994	Age 27 Date of Birth [REDACTED] Place of Birth Madison, WI

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Agent of **Aldi #04** (Office/Director/Member/Manager/Agent) of (Name of Corporation, Limited Liability Company or Nonprofit Organization) which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **27 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Unlawful trespassing
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Aldi	Employer's Address 6261 McKee Rd., Fitchburg, WI	Employed From March 2012	To Present
Employer's Name Capps Food Center	Employer's Address 6800 Century Ave, Middleton, WI	Employed From March 2004	To March 2012

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this **8th** day of **October**, 20**15**

X Yezenia Arce (Clark/Notary Public)

My commission expires **12/29/18**



(Signature of Named Individual)

10/14/15



AGENT AUTHORIZATION LETTER

Date: _____

I, Terry Pfortmiller, officer for
Aldi Inc. (Wisconsin) Aldi #04
(Corporation or LLC Name) (D/B/A)

authorize and appoint Andrew Stoltenberg as liquor/beer agent for
(Agent Name)

the premise located at 0261 McKee Rd. Fitchburg, WI
(Address of Licensed Premise) 53719

Terry E. Pfortmiller
Officer of Corporation or LLC

Subscribed and sworn to before me this 30th day of October 2015

Deborah S. Ferguson
Notary Public
State of Illinois County of Kane
My Commission Expires: 9.24.17



APPOINTMENT OF LIQUOR/BEER AGENT

Date: 10/8/15

State of Wisconsin

County of Dane

I, Andrew Stoltenberg, appointed liquor/beer agent, for Hidi #04, being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: 8%

[Signature]
Signature of Agent

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

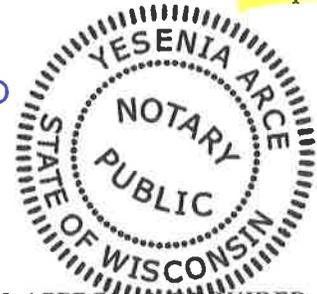
Andrew Stoltenberg 616 Greig Trail
Name Mailing Address

Stoughton WI 53589
City State Zip

Subscribed and sworn to before me this

14th 8th day of October 2015. October, 2015

+ Yesenia Arce
Notary Public, Dane County, Wisconsin
My commission expires: 12/29/18



PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 24, 2015

Andrew Stoltenberg
616 Greig Trail
Stoughton, WI 53589

Dear Andrew:

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, December 8, 2015 at 7:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization, to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your application for appointment of agent for Aldi #04. Please arrive no later than 7:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth'.

Ruth M. Becker
City Clerk's Office
City of Fitchburg

cc Manager, Aldi #04, 6261 McKee Road, Fitchburg, WI

LICENSE APPLICATION

for

PAWNBOKER SECONDHAND JEWELRY DEALER SECONDHAND ARTICLE DEALER SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

CHECK ALL THAT APPLY:

<input type="checkbox"/> Original application	<input checked="" type="checkbox"/> Renewal
TYPE: <input type="checkbox"/> Pawnbroker	<input checked="" type="checkbox"/> Secondhand Jewelry Dealer
<input type="checkbox"/> Secondhand Article Dealer	<input type="checkbox"/> Mall/Flea Market

INSTRUCTIONS:

INDIVIDUAL LICENSE – Complete Sections 1, 2, 3 and 6
 PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 6
 CORPORATE LICENSE – Complete Sections 1, 2, 3, 5, and 6

(SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) Ismail, Ali, Omar		Sex M	Race	Date of Birth [REDACTED]	Place of Birth (City & State) Jordan
Street Address 4608 W. Howard Ave.	City Milwaukee	State WI	ZIP 53220	Home Telephone Number (414) 517-4416	

(SECTION 2) CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A FELONY WITHIN THE LAST TEN (10) YEARS? YES NO

WITHIN THE LAST FIVE (5) YEARS OF:

a misdemeanor? YES NO
 a statutory violation punishable by forfeiture? YES NO
 a county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information:

(SECTION 3) BUSINESS INFORMATION

Business Name Money Flash	Street Address 3048 Fish Hatchery Rd.	City Fitchburg	State WI	ZIP 53713	Telephone Number (608) 270-9400
Owner's Name Ali Omar Ismail	Street Address 4608 W. Howard Ave.	City Milwaukee	State WI	ZIP 53220	Telephone Number (414) 517-4416
Business Manager's Name Jennifer Rojas	Street Address 3048 Fish Hatchery Rd.	City Fitchburg	State WI	ZIP 53713	Telephone Number (608) 270-9400
Building Owner's Name Brixmor LLC	Street Address 420 Lexington Ave	City New York	State NY	ZIP 10170	Telephone Number (865) 292-0275

(Over)

(SECTION 4) PARTNERSHIP INFORMATION

Partnership Name:

List name, address, sex, race and date of birth (DOB) of all partners. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

(SECTION 5) CORPORATE INFORMATION

Corporation Name:

State of Incorporation:

List name, address, sex, race and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

(SECTION 6) PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: *Atiowt*

Print Name of Applicant: Isaiah Al'omar

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED: Pawnbroker Bond \$ _____		Secondhand Article License \$ _____	
Pawnbroker License \$ _____		Secondhand Dealer Mall/Flea Market License \$ _____	
Secondhand Jewelry License \$ <input checked="" type="checkbox"/> _____		TOTAL FEE: \$ <u>500.00</u> Rec# <u>1-16520</u>	

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval

Recommend Denial (Attach explanation.)

Investigating Office Signature: *Donald C Bates*

Date: 11/19/15

Print Name of Investigating Officer: Donald C Bates



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 24, 2015

Ali O. Ismail
4608 W. Howard Avenue
Milwaukee, WI 53220

Dear Mr. Ismail:

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, December 8, 2015 at 7:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization, to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your application for Secondhand Jewelry Dealer License. Please arrive no later than 7:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth M. Becker'.

Ruth M. Becker
City Clerk's Office
City of Fitchburg



Fitchburg

CITY OF FITCHBURG

Operator License Application

(2 Year License) - Expires June 30 of every odd year

- New** \$70
- Renewal** \$70
- Provisional** \$15

Date Rec'd: 11-12-15 Cash Check # 8852
 Receipt # 1-10550 Lic. # Issued 4
 Applicant Rec'd City Policy Guidelines: _____

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Stacey Lee Listol Sex M F

First Middle Last

Address: 605 Oak St. Unit A Phone: 608-658-3881

City: Cottage Grove State: WI Zip: 53527 Date of Birth: _____

How long have you lived at above address? 5yrs, In WI 44yrs Driver's Lic. # _____

Former Names: Rehberg, Rockwell Place of Employment: Verona Rd. Beer & Beverage Co.

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES	NO <input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	YES	NO <input checked="" type="checkbox"/>
c) Selling or furnishing alcoholic beverages to underage person?	YES	NO <input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	YES	NO <input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	YES	NO <input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	YES	NO <input checked="" type="checkbox"/>
g) Sale or possession of drugs of any kind?	YES	NO <input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	YES <input checked="" type="checkbox"/>	NO
i) Resisting arrest or obstructing an officer?	YES	NO <input checked="" type="checkbox"/>

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
<u>Disorderly Conduct</u>	<u>06/2006</u>	<u>Madison</u>	<u>WI</u>
<u>County Disorderly Conduct</u>	<u>08/2011</u>	<u>McFarland</u>	<u>WI</u>

5. Within the last two (2) years, did you have or complete one of the following:

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin
- Completion of alcohol assessment program - attached
- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local - affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Stacey L. Listol EMail: snslistol@gmail.com
 Printed Name: Stacey Lee Listol Date: 11/11/2015

INVESTIGATION: Case # 15-18246 Date: 11/19/15 APPROVED / DENIED
 Police Department Signature: [Signature] Denied based on guideline # 156

Wisconsin Circuit Court Access (WCCA)

State vs Stacey L Rehberg

Dane County Case Number 2000CT001599

Filing Date	Case Type	Case Status
07-20-2000	Criminal Traffic	Closed
Defendant Date of Birth	Address	
██████████	117 Swift St Apt 34, Edgerton, WI 53534	
Branch Id	DA Case Number	
1		

Case(s) Cross-Referenced With This Case
2000TR012918, 2000TR012919

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	346.67(1)(a)	Hit and Run	Misd U	Guilty / No Contest

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
DeChambeau, Robert	District Attorney	Humphrey, Paul W.	

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey L	██████████	Female	Caucasian
Address			Address Updated On
117 Swift St Apt 34, Edgerton, WI 53534			07-20-2000
JUSTIS ID	Finger Print ID		

Also Known As		
Name	Type	Date of Birth
Rockwell, Stacey L	Also known as	

Defendant Attorney(s)		
Attorney Name	Entered	Withdrawn
Sieg, Dennis James	07-20-2000	10-20-2000

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Clte	Description	Severity	Offense Date	Plea
1	346.67(1)(a)	Hit and Run	Misd. U	06-12-2000	No Contest on 11-01-2000

On 11-01-2000 there was a finding of:

Action	Court Official
Guilty / No Contest	DeChambeau, Robert

On 11-01-2000 the following was ordered:

Sentence	Time	Begin Date	Notes
Forfeiture / Fine			

Citations

Citation A576342

Bond Amount	Deposit Type	Appearance Date and Time	Mandatory
	None	07-20-2000 at 08:30 am	Yes
Name		Date of Birth	Sex
Rehberg, Stacey L			Female
Address			Address Updated On
117 Swift St Apt 34, Edgerton, WI 53534			07-20-2000
Plate Number	State	Expiration	VIN
	WI		
Issuing Agency	Officer Name	Violation Date	MPH Over
Dane County Sheriff		06-12-2000	
Plaintiff Agency	Ordinance or Statute	Statute	Charge Description
State of Wisconsin	Statute	346.67(1)(a)	Hit and Run
Severity			
Misd. U			

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 700.00	\$ 0.00	\$ 700.00	\$ 0.00	\$ 0.00	10-15-2001

Wisconsin Circuit Court Access (WCCA)

State of Wisconsin vs. Stacey L Rehberg

Dane County Case Number 2006CF001273

Filing Date	Case Type	Case Status
06-05-2006	Criminal	Closed
Defendant Date of Birth	Address	
██████████	266 1/2 E Main, Reedsburg, WI 53959	
Branch Id	DA Case Number	
5	06da008015	

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	946.49(1)(b)	Bail Jumping-Felony	Felony H	Dismissed on Prosecutor's Motion
2	947.01	Disorderly Conduct	Misd. B	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Sorensen, Diane	District Attorney	Sayles, Ann	Violi, Phillip J.

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey L	██████████	Female	Caucasian
Address	Address Updated On		
266 1/2 E Main, Reedsburg, WI 53959	10-19-2006		
JUSTIS ID	Finger Print ID		
Defendant Attorney(s)			
Attorney Name	Entered	Withdrawn	
Cohen, Arnold B.	06-14-2006	10-13-2006	
Violi, Phillip J.	10-13-2006		

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	946.49(1)(b)	Bail Jumping-Felony	Felony H	06-01-2006	

On 10-19-2006 there was a finding of:

Action	Court Official
Dismissed on Prosecutor's Motion	Sorensen, Diane

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
2	947.01	Disorderly Conduct	Misd. B	06-01-2006	No Contest on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to No Contest Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	1 Years		Concurrent with 06CF1220.

Condition Time Notes

Costs		\$88 to be collected by the Dept of Corrections.
Prohibitions		Defendant shall not have any contact, direct or indirect, with victim
Other		Pay supervision fees as determined by the Department of Corrections. Comply with conditions in 06CF1220. Defendant advised of requirement to provide DNA sample. Any other conditions DOC, Probation/Parole Department may impose.

Total Receivables

Court Assessments	Adjustments	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 88.00	\$ 0.00	\$ 28.00	\$ 60.00	\$ 0 00	

¹ The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.

² Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.

Wisconsin Circuit Court Access (WCCA)

State of Wisconsin vs. Stacey L Rehberg

Dane County Case Number 2006CF001220

Filing Date	Case Type	Case Status
05-30-2006	Criminal	Closed
Defendant Date of Birth	Address	
██████████	76 Belaire Dr., Madison, WI 53713	
Branch Id	DA Case Number	
5	06da007645	

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
2	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
3	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
4	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
5	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
6	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
7	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea
8	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	Guilty Due to Guilty Plea

Defendant Owes the Court: \$ 2,935.41

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Sorensen, Diane	District Attorney	Sayles, Ann	Laitsch, Antonette Hue

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey L	██████████	Female	Caucasian
Address	Address Updated On		
76 Belaire Dr., Madison, WI 53713	06-21-2007		
JUSTIS ID	Finger Print ID		
Also Known As			
Name	Type	Date of Birth	

Rockwell, Stacey L	Also known as	
Defendant Attorney(s)		
Attorney Name	Entered	Withdrawn
Cohen, Arnold B.	06-05-2006	10-13-2006
Tradewell, John E.	06-05-2006	06-05-2006
Violi, Phillip J.	10-13-2006	12-13-2007
Schulenburg, Eric	12-13-2007	01-21-2010
Laitsch, Antonette Hue	01-21-2010	

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	01-28-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence Time	Begin Date	Notes
Costs		\$113 to be collected by the Dept of Corrections as a cond of cts 3-8.
Local Jail 8 Months	02-19-2007	With Huber. Jail may be transferred to Sauk County

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
2	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	02-07-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence Time	Begin Date	Notes
Costs		\$113 to be collected by the Dept of Corrections as a cond of cts 3-8.
Local Jail 8 Months		With Huber, consecutive to ct 1.

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
3	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	02-12-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Each count concurrent.
	Condition	Time	Notes
	Restitution		Order signed. To be collected by the Dept of Corrections. Make regular monthly payments
	Costs		\$113 to be collected by the Dept of Corrections.
	Employment / School		Maintain full time employment.
	Other		Pay supervision fees as determined by the Department of Corrections. Must file income tax returns timely & provide copies to agent within 1 month of filing date. Provide credit report to agent at same time as copies of tax returns. Any tax refunds - at least half to be applied to restitution when received. If restitution paid in full early & all terms of probation are satisfied & no new law violations, probation may terminate after 6 years. Defendant advised of requirement to provide DNA sample - surcharge waived. Any other conditions DOC, Probation/Parole Department may impose.

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
4	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	02-16-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Same as ct 3.
	Condition	Time	Notes

Costs \$113 to be collected by the Dept of Corrections.
 Other All conditions on cts 4-8 are the same as ct 3.

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
5	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	02-20-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Same as ct 3.

Condition Time Notes

Costs \$113 to be collected by the Dept of Corrections.

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
6	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	02-27-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Same as ct 3.

Condition Time Notes

Costs \$113 to be collected by the Dept of Corrections.

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
7	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	03-06-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Case Details for 2006CF001220 in Dane County

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Same as ct 3
Condition Time Notes			
Costs	\$113 to be collected by the Dept of Corrections.		

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
8	943.24(2)	Issue of Worthless Checks (>\$2500)	Felony I	03-11-2006	Guilty on 10-19-2006

On 10-19-2006 there was a finding of:

Action	Court Official
Guilty Due to Guilty Plea	Sorensen, Diane

On 12-22-2006 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	11 Years		Same as cl 3
Condition Time Notes			
Costs	\$113 to be collected by the Dept of Corrections.		

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 30,729.53	\$ 0.00	\$ 0.00	\$ 27,794.12	\$ 2,935.41	

- 1 The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.
- 2 Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.
- 3 Includes collection agency fees; bankruptcy discharge of debt; Department of Revenue collection fees, and forgiven debts due to indigence, death, time served, or community service.
- 4 Some amounts assessed by the courts are collected by the Department of Corrections or other agencies. This column is rarely updated by the courts and may be less than the actual amount owed.
- 5 For cases with multiple assessments, the due date represents the assessment with the latest date.
- 6 Your payment may not be processed immediately.

Wisconsin Circuit Court Access (WCCA)

State of Wisconsin vs. Stacey L Rehberg

Dane County Case Number 2010CM000014

Filing Date	Case Type	Case Status
01-05-2010	Criminal	Closed
Defendant Date of Birth	Address	
[REDACTED]	605 Oak Street, Cottage Grove, WI 53527-9708	
Branch Id	DA Case Number	
5	2010DA000008	

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	943.01(1)	Criminal Damage to Property	Misd. A	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 158.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
McNamara, Nicholas J	District Attorney	Raymond, Andrea Beth	Laitsch, Antonette Hue

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey L	[REDACTED]	Female	Caucasian
Address			Address Updated On
605 Oak Street, Cottage Grove, WI 53527-9708			03-16-2015
JUSTIS ID	Finger Print ID		
Also Known As	Type	Date of Birth	
Rehberg, Stacy	Also known as		
Rockwell, Stacey L	Also known as		
Defendant Attorney(s)			
Attorney Name	Entered		
Laitsch, Antonette Hue	01-11-2010		

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	943.01(1)	Criminal Damage to Property	Misd. A	12-31-2009	No Contest on 04-07-2010

On 04-07-2010 there was a finding of:

Action Court Official
 Guilty Due to No Contest Plea McNamara, Nicholas J

On 04-07-2010 the following was ordered:

Sentence	Time	Begin Date	Notes
Probation, Sent Withheld	15 Months		
	Condition	Time	Notes
	Restitution		DA has 90 days to prepare/submit order.
	Costs		\$200 to be collected by the Dept of Corrections. All outstanding financial obligations shall be paid at the rate of 25% of the prison wages and work release funds. The balance remaining at release from prison be paid as a condition of extended supervision or parole at a rate determined by the supervising agent.
	Alcohol treatment		AODA and treatment as recommended.
	Drug treatment		AODA and treatment as recommended.
	Prohibitions		Defendant shall not threaten or direct any acts of physical violence toward [REDACTED] & [REDACTED]
	Other		Any other conditions DOC, Probation/Parole Department may impose.

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 475.00	-\$ 250.00	\$ 0.00	\$ 67.00	\$ 158.00	

Judgment for money

Wisconsin Circuit Court Access (WCCA)

Dane County vs. Stacey L Rehberg

Dane County Case Number 2011FO002493

Filing Date	Case Type	Case Status
08-12-2011	Non-Traffic Ordinance Violation	Closed
Defendant Date of Birth	Address	
[REDACTED]	2645 Ush 51, Mcfarland, WI 53558	
Branch Id	DA Case Number	
	2011DA008307	

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	32.03	County Disorderly Conduct	Forf. U	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Commissioner, Initial Appearance	District Attorney	Bowland, Joshua M.	

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey L	[REDACTED]	Female	Caucasian
Address	Address Updated On		
2645 Ush 51, Mcfarland, WI 53558	08-12-2011		

JUSTIS ID Finger Print ID

Also Known As

Name	Type	Date of Birth
Rehberg, Stacey Lee	Also known as	
Rehberg, Stacy	Also known as	
Rockwell, Stacey Lee	Also known as	

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	32.03	County Disorderly Conduct	Forf U	08-10-2011	No Contest on 08-12-2011

On 08-12-2011 there was a finding of:

Action	Court Official
Guilty Due to No Contest Plea	Meurer, Todd E.

On 08-12-2011 the following was ordered:

Sentence	Time	Begin Date	Notes
Forfeiture / Fine			\$389.50 deemed paid.

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 389.50	-\$ 389.50	\$ 0.00	\$ 0.00	\$ 0.00	

¹ The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.

² Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.

³ Includes collection agency fees; bankruptcy discharge of debt; Department of Revenue collection fees; and forgiven debts due to indigence, death, time served, or community service.

⁴ Some amounts assessed by the courts are collected by the Department of Corrections or other agencies. This column is rarely updated by the courts and may be less than the actual amount owed.

⁵ For cases with multiple assessments, the due date represents the assessment with the latest date.

⁶ Your payment may not be processed immediately

Wisconsin Circuit Court Access (WCCA)

State of Wisconsin vs. Stacey Lee Rehberg

Dane County Case Number 2011TR022573

Filing Date: 10-25-2011
Case Type: Traffic Forfeiture
Case Status: Closed
Defendant Date of Birth: [REDACTED]
Address: 605 Oak St # A, Cottage Grove, WI 53527

Case(s) Cross-Referenced With This Case
2011TR022574

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	343.44(1)(a)	Operating While Suspended (3rd)	Forf. U	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Commissioner, Initial Appearance	District Attorney		

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey Lee	[REDACTED]	Female	Caucasian
Address			Address Updated On
605 Oak St # A, Cottage Grove, WI 53527			08-07-2013
JUSTIS ID	Finger Print ID		

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	343.44(1)(a)	Operating While Suspended (3rd)	Forf. U	10-14-2011	No Contest on 12-12-2011

On 12-12-2011 there was a finding of:

Action	Court Official
Guilty Due to No Contest Plea	Commissioner, Initial Appearance

On 12-12-2011 the following was ordered:

Sentence	Time	Begin Date	Notes
Forfeiture / Fine			

Citations

Citation Q2387324

Bond Amount	Deposit Type	Appearance Date and Time	Mandatory
\$ 200.50	None	12-12-2011 at 08:30 am	No
Name		Date of Birth	Sex
Rehberg, Stacey Lee		[REDACTED]	Female
Address			Address Updated On
605 Oak St # A, Cottage Grove, WI 53527			08-07-2013
Plate Number	State	Expiration	VIN
330SAY	WI	2012	[REDACTED]
Issuing Agency	Officer Name	Violation Date	MPH Over
State Patrol		10-14-2011	
Plaintiff Agency	Ordinance or Statute	Statute	Charge Description
State of Wisconsin	Statute	343.44(1)(a)	Operating While Suspended (3rd)
Severity			
Forf. U			

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 200.50	\$ 0.00	\$ 200.50	\$ 0.00	\$ 0.00	

¹ The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.

² Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.

³ Includes collection agency fees; bankruptcy discharge of debt; Department of Revenue collection fees; and forgiven debts due to indigence, death, time served, or community service.

⁴ Some amounts assessed by the courts are collected by the Department of Corrections or other agencies. This column is rarely updated by the courts and may be less than the actual amount owed.

⁵ For cases with multiple assessments, the due date represents the assessment with the latest date.

Wisconsin Circuit Court Access (WCCA)

State of Wisconsin vs. Stacey Lee Rehberg

Dane County Case Number 2011TR022574

Filing Date: 10-25-2011
Case Type: Traffic Forfeiture
Case Status: Closed
Defendant Date of Birth: [REDACTED]
Address: 605 Oak St # A, Cottage Grove, WI 53527
Case(s) Cross-Referenced With This Case: 2011TR022573

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	344.62(1)	Operating a motor vehicle w/o insurance	Forf. U	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Commissioner, Initial Appearance	District Attorney		

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Rehberg, Stacey Lee	[REDACTED]	Female	Caucasian
Address			Address Updated On
605 Oak St # A, Cottage Grove, WI 53527			08-07-2013
JUSTIS ID	Finger Print ID		

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
1	344.62(1)	Operating a motor vehicle w/o insurance	Forf. U	10-14-2011	No Contest on 12-12-2011

On 12-12-2011 there was a finding of:

Action Court Official
Guilty Due to No Contest Plea Commissioner, Initial Appearance

On 12-12-2011 the following was ordered:

Sentence Time Begin Date Notes
Forfeiture / Fine

Citations

Citation Q2387335

Bond Amount	Deposit Type	Appearance Date and Time	Mandatory
\$ 200.50	None	12-12-2011 at 08:30 am	No
Name	Date of Birth	Sex	
Rehberg, Stacey Lee	[REDACTED]	Female	
Address		Address Updated On	
605 Oak St # A, Cottage Grove, WI 53527		08-07-2013	
Plate Number	State	Expiration	VIN
330SAY	WI	2012	[REDACTED]
Issuing Agency	Officer Name	Violation Date	MPH Over
State Patrol		10-14-2011	
Plaintiff Agency	Ordinance or Statute	Statute	Charge Description
State of Wisconsin	Statute	344.62(1)	Operating a motor vehicle w/o insurance
Severity			
For. U			

Total Receivables

Court Assessments	Adjustments	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁶
\$ 200.50	\$ 0.00	\$ 200.50	\$ 0.00	\$ 0.00	

¹ The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.

² Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.

³ Includes collection agency fees; bankruptcy discharge of debt; Department of Revenue collection fees; and forgiven debts due to indigence, death, time served, or community service.

Wisconsin Circuit Court Access (WCCA)

Dane County vs. Stacey Lee Listol

Dane County Case Number 2014FO001587

Filing Date	Case Type	Case Status
07-08-2014	Non-Traffic Ordinance Violation	Closed
Defendant Date of Birth	Address	
[REDACTED]	605 Oak St Apt A, Cottage Grove, WI 53527	
Branch Id	DA Case Number	
12		

Charge(s)

Count No.	Statute	Description	Severity	Disposition
1	34.23(2)(a)	Transfer of Tobacco Product to Minor	Forf. U	Guilty Due to No Contest Plea

Defendant Owes the Court: \$ 0.00

Responsible Official	Prosecuting Agency	Prosecuting Attorney	Defense Attorney
Flanagan, David T	District Attorney	Olsen, Don James, Jr	

Defendant

Defendant Name	Date of Birth	Sex	Race ¹
Listol, Stacey Lee	[REDACTED]	Female	
Address			Address Updated On
605 Oak St Apt A, Cottage Grove, WI 53527			07-08-2014
JUSTIS ID	Finger Print ID		

Charge(s)/Sentence(s)

Charge Detail

The Defendant was charged with the following offense:

Count No.	Statute Cite	Description	Severity	Offense Date	Plea
		Transfer of Tobacco Product to			No Contest on

On 08-15-2014 there was a finding of:

Action Court Official
 Guilty Due to No Contest Plea Flanagan, David T

On 08-15-2014 the following was ordered:

Sentence Time Begin Date Notes
 Forfeiture / Fine

Citations

Citation P307475

Bond Amount	Deposit Type	Appearance Date and Time	Mandatory
\$ 232.00	None	07-18-2014 at 10:00 am	No
Name		Date of Birth	Sex
Listol, Stacey Lee		[REDACTED]	Female
Address			Address Updated On
605 Oak St Apt A, Cottage Grove, WI 53527			07-08-2014
Plate Number	State	Expiration	VIN
			MPH Over
Issuing Agency	Officer Name	Violation Date	
Dane County Sheriff		06-11-2014	
Plaintiff Agency	Ordinance or Statute	Statute	Charge Description
Dane County	Ordinance	34.23(2)(a)	Transfer of Tobacco Product to Minor

Severity

Forf. U

Total Receivables

Court Assessments	Adjustments ³	Paid to the Court	Probation/Other Agency Amount ⁴	Balance Due to Court	Due Date ⁵
\$ 232.00	\$ 0.00	\$ 232.00	\$ 0.00	\$ 0.00	

¹ The designation listed in the Race field is subjective. It is provided to the court by the agency that filed the case.

² Non-Court activities do not require personal court appearances. For questions regarding which court type activities require court appearances, please contact the Clerk of Circuit Court in the county where the case originated.



CITY OF FITCHBURG

Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 30, 2015

Stacey L. Listol
605 Oak Street, Unit A
Cottage Grove, WI 53527

Dear Ms. Listol:

This letter is to inform you that your recent Application for Operators License has denied by the Police Department based on Guidelines #1 and #6. It will be put on the **Tuesday, December 8, 2015** Agenda for Public Safety & Human Services. If you wish to address this denial, the meeting will be held at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI Tuesday, December 8, 2015 at 7:00 p.m.

Guideline 1. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of any felony, unless duly pardoned, does not qualify for an alcohol beverage license. (To the extent the other guidelines reference a specific offense, this guideline shall apply if the offense constitutes a felony.)

Guideline 6. Any person who materially falsifies an application for an alcohol beverage license will not be eligible to re-apply for an alcohol beverage license for a period of six (6) months from the **date of denial** of such application. The Committee may waive the provisions of this paragraph, allow the applicant to submit a corrected application, with the appropriate fee, and grant an alcohol beverage license to the person, if it appears to the Committee that any falsifications on the application were the result of inadvertence, excusable neglect, or mistake.

Please contact our office at 270-4200 if you have any questions.

Sincerely,

Clerk's Office, City of Fitchburg

cc: Mr. Patrick Machovec, Agent,



CITY OF FITCHBURG
Operator License Application
(2 Year License) - Expires June 30 of every odd year

<input checked="" type="checkbox"/> New \$70	Date Rec'd: <u>10-27-15</u> Cash <input type="checkbox"/> Check # <u>1273</u>
<input type="checkbox"/> Renewal \$70	Receipt # <u>10493-RB</u> Lic. # Issued <u>15-1341rb</u>
<input type="checkbox"/> Provisional \$15	Applicant Rec'd City Policy Guidelines: <u>[Signature]</u>

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Alan James Puskarich Sex M F

Address: 2524 S Stoughton rd Phone: 608-228-3761

City: Madison State: WI Zip: 53716 Date of Birth: [Redacted]

How long have you lived at above address? 1 In WI 10 Driver's Lic. # [Redacted]

Former Names: None Place of Employment: Tuscany Grill

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To
<u>317 Village Green Ln W</u>	<u>Madison</u>	<u>WI</u>	<u>53711</u>	<u>2008</u>	<u>2015</u>

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES	NO <input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	YES <input checked="" type="checkbox"/>	NO
c) Selling or furnishing alcoholic beverages to underage person?	YES	NO <input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	YES	NO <input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	YES	NO <input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	YES	NO <input checked="" type="checkbox"/>
g) Sale or possession of drugs of any kind?	YES	NO <input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	YES <input checked="" type="checkbox"/>	NO
i) Resisting arrest or obstructing an officer?	YES	NO <input checked="" type="checkbox"/>

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
<u>OWI</u>	<u>2014</u>	<u>Madison</u>	<u>WI</u>
<u>Battery</u>	<u>2013</u>	<u>Poynett</u>	<u>WI</u>
<u>OWI</u>	<u>2007</u>	<u>Madison</u>	<u>WI</u>

5. Within the last two (2) years, did you have or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Completion of alcohol assessment program - attached
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local - affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: [Signature] E-Mail: _____

Printed Name: Alan Puskarich Date: 10/16/15

INVESTIGATION: Case # 15-17893 Date: 11-6-15

Police Department Signature: [Signature] Denied based on guideline # _____

APPROVED DENIED



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 25, 2015

Alan J. Puskarich
2524 S. Stoughton Road
Madison, WI 53716

RE: Operator License Application

Dear Alan:

This is to follow up our letter to you dated November 12, 2015. You were scheduled to attend the November 24, 2015 Public Safety & Human Services Committee meeting to discuss your operator license application.

Due to the fact that you did not attend last night's meeting, the Public Safety & Human Services Committee **tabled** your operator license application until its **Tuesday, December 8, 2015 7:00 PM Meeting**. The meeting will be held in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your application. In addition, please bring a copy of your alcohol assessment program to the meeting. Please arrive no later than 7:00 p.m.

If you have any questions, please call our office at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth M. Becker'.

Ruth M. Becker, City Clerk's Office
City of Fitchburg

cc Tuscany Mediterranean Grill



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

November 12, 2015

Alan James Puskarich
2524 S. Stoughton Road
Madison, WI 53716

Dear Alan,

This letter is to notify you that your recent application for an Operator's License was approved through the Police Department. However, because your application indicated an OWI charge within the past two (2) years, you will be required to meet with the City of Fitchburg Public Safety and Human Services Committee. In addition, proof of your completed alcohol assessment program is required.

You have been scheduled to meet with the Public Safety and Human Services Committee on Tuesday, November 24, 2015 at 7:00 PM. The meeting will be held in the Conference Room, just down the hall from the Clerk's Office. Please bring a copy of your alcohol assessment program at that time.

If you have any questions, please do not hesitate to contact our office at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth M. Becker'.

Ruth M. Becker
Clerk's Office
City of Fitchburg

cc: Manager, Tuscany Grill